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No. 9.

PUERPERAL CONVULSIONS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The two following cases of puerperal convulsions are copied from my note-book, and are the only marked instances of such convulsions occurring in ten years' practice in this city, while attending over six hundred obstetric cases.

Nov. 7th, 1851, I was called in haste to see a patient a few rods from my office, and found an English woman lying upon the floor in an unconscious state. I learned that her husband had left her early in the morning for his work in the mill, apparently as well as usual, though she had been complaining for some weeks with severe headache, and had taken the night before a large portion of castor oil. As they occupied rooms alone, no one saw her till he came in to dinner at half past 12 o'clock, when I was called. What had passed that forenoon, or how she had been, no one could tell. It was evident she had been very sick. We found her physick had operated freely, and that she had made her bed, and there were appearances of her having laid upon it, and perhaps fallen off, as she was then on the floor. With much difficulty she was aroused to look up, though wildly, and recognizing no one—not even her husband—falling again into a profound sleep.

She was about eight months pregnant for the first time; had had, during this period, remarkable good health, and never complained of anything but occasional headache; had had no pains or symptoms of labor. Her pulse was strong and full, about 100. She appeared plethoric, had a strong constitution, with a short thick neck, and all the physical indications to make her a candidate for puerperal convulsions. I bled her about 16 ounces, and prescribed small doses of antimony, thinking that she might have ate something that morning to injure her; directed cold applications to be applied to the head, and mustard drafts to the feet. I left, requesting the attendants to inform me if there was any change. About two hours after, I was informed that she was having most violent fits, and on reaching her I bled her again about the same quantity as before. On making an examination I found the os uteri slightly opened, but could not discover any signs of labor or contractions of the uterus. She still remained unconscious, lying in a profound state of coma with stertorous breathing, and it was almost impossible to get

her to swallow anything. She had had then several violent convulsions, involving apparently every part of the body. Almost every muscle and limb assumed all manner of contortions. The galvanic battery could not have produced more powerful or a greater variety of movements in the physical system.

It was now 5 o'clock, and I left, intending to return shortly. Between 6 and 7 in the evening I called again. Found she had had more convulsions, and, on examination, that labor had fairly commenced—not so much by any apparent pains, as by the opening of the os uteri and the descending of the fetus into the pelvis. Finding her pulse still strong and full, I bled her the third time, though much less in quantity. The convulsions still continuing, I determined to use the forceps as soon as it was possible. About 8 o'clock the head of the fetus had reached a point where I was able to apply the forceps; and after using considerable force—in the mean time the patient had a most violent convulsion, lasting several minutes—I succeeded in delivering the child, which was dead. It would weigh about ten pounds. After removing the placenta, applying a bandage, directing the attendants to keep the head cool and the feet warm, prescribing two drops of croton oil every two hours till it operated as a cathartic, and finding she had no return of convulsions for an hour after delivery, I left about 10 o'clock.

In the morning I found her unconscious—her bowels had moved freely without her noticing it. She had had, during the night, several convulsions, though not so violent. But she could not be aroused to know any one, or even to swallow much of anything. Her pulse was about 90, and rather weak, with considerable heat of the head. I removed her urine by the catheter without her noticing it, though the quantity was small. Directed cold applications to the head, and bottles of hot water to the lower extremities, as they were inclined to be cool, and there was not much lochial discharge then.

In the evening I found her about the same. She had had several convulsions during the day, but shorter and lighter. The same treatment was continued, except enjoining the nurse to give nourishment and some wine during the night as soon as the patient could be made to swallow. The next morning I found her still unconscious—lying in a profound sleep. She had had several slight spasms through the night, and taken scarce any drink or nourishment. But her symptoms, as a whole, appeared more favorable. I directed some croton oil, which operated kindly several times during the day. Towards night she seemed more conscious, and recognized her husband.

The next morning I found her better, and apparently out of all danger. She recollected nothing that had occurred—did not know she had been delivered of her child. The last thing she remembered was of making her bed Friday morning about 8 o'clock. She remained in an entirely unconscious state more than forty-eight hours, and had from forty to fifty convulsions during this period. She got up well from her confinement, has had good health since, is now about six months pregnant again, and I have just bled her freely.

CASE II.—March 6th, 1852. About 9 o'clock, A.M., I was called

to see a young woman, aged 18 years, lying in an unconscious state, under the following circumstances. She was near her first confinement, but had had no pains or symptoms of labor; ate the day before an unusually hearty meal, and, while alone in her chamber, between 3 and 4 o'clock, P.M., was heard to fall on the floor; was found in a violent convulsion, lasting half an hour. She gradually came out of it, seemed to have her senses perfectly in the evening, and vomited freely in the night.

Early in the morning she had two more convulsions; was taken suddenly while getting up and cheerfully engaged in conversation. I found her pulse full and strong, over 90. I bled her about 20 ounces. Found there was no signs of labor—could not discover that the os uteri had begun to dilate. She showed no consciousness from the bleeding or examination. I directed the head to be kept cool, warm fomentations to be applied over the abdomen, and, as she had been very constipated, two drops of croton oil to be taken every other hour till it operated on the bowels. I called at 1 o'clock, P.M. Found she had had one convulsion—was still lying in a profound stupor, and her physic had not moved her bowels. I called again at 4 o'clock—she had had only two more convulsions, and her physic had operated powerfully. I bled her again about 16 ounces. The os uteri was slightly dilating. I called again at 9 o'clock in the evening. She had had only one or two more convulsions—no symptoms of labor appeared, except a little progress in the dilatation of the os uteri.

I was called up at 2 o'clock in the night, and learned that she had just had two worse convulsions than ever. At this time Dr. J. C. Dalton met me in consultation. We found the os uteri then so much dilated that we were able to rupture the membranes. We directed ergot to be given freely, which was followed up several hours without much apparent effect, though it was a part of the time vomited up. Towards 10 o'clock, A.M., labor pains commenced, and continued regularly until 1 o'clock, P.M., when the head was so low that I was able to apply the forceps and immediately delivered the child, which, to my surprise, was alive. The patient had only two convulsions after delivery, but continued in a state of great stupor till Tuesday noon. In the meantime she had passed her urine freely, and had had thorough evacuations of the bowels, without any consciousness. She had no recollection of anything that transpired after Saturday morning; had had more than fifteen violent convulsions, and passed more than three days in an entirely unconscious state. The child appeared perfectly well for several days, but died suddenly in a spasm in the night. The mother got up well, and has enjoyed good health since.

NATHAN ALLEN.

Lowell, Aug. 23d, 1852:

THE LATE DR. HARMAN, OF PAWLET, VT.

[Communicated for the Boston Medical and Surgical Journal.]

DR. OLIVER S. HARMAN died at Pawlet, May 23d, 1852, of general dropsy. He was in the 83d year of his age, and the 58th of his medi-

cal practice. Dr. Harman was of poor, but respectable, parentage. He was the sixth lineal descendant of Capt. John Harman, a seafaring man, who was born in 1617, and emigrated from England to this country about 1640. Dr. Harman was born in Suffield, Conn., January 19th, 1769. His father, Elijah Harman, died in the beginning of the revolutionary war, of camp distemper, which carried off so many of the noble-hearted men of those days. Dr. H., at that time quite young, left, as he was, without a father to guide and counsel him, was given by his mother into the hands of an uncle, with whom he lived until near his majority. During this time he obtained a good common education. He then entered upon a course of study preparatory to the practice of medicine, under the instruction of Dr. Granger, of Suffield. With him he learned enough of the Latin to pursue his studies with facility. Encouraged by what knowledge he had acquired, after one year and a half, with Dr. G., he placed himself under the tuition of Dr. Hamilton, of Enfield. With him he remained two years. Dr. Harman then became the pupil of Dr. Woodbridge, of North Hampton, Mass., with whom he closed his studies.

In 1794 Dr. Harman married Miss Silence Sheldon, of Suffield, who, with five children, still lives to mourn the loss of a devoted husband and kind father.

Dr. Harman began the practice of medicine in this town in August, 1794. He entered at once upon the arduous duties of his profession, and pursued them for over half a century, with untiring zeal, and a devoted love for the honor of his chosen calling. The early part of his practice was full of toil. Many were the hardships he passed through. Day and night he was upon his horse, riding from house to house, over hills, through storms of rain and snow, giving aid to the sick, comforting the afflicted, and ministering to the wants of all classes. He was generous and free-hearted. He not only gave medicine to the sick poor, but he gave them bread. His kind hand was ever ready to help, and his heart was full of sympathy. He was truly the poor man's friend. His long life of toil and usefulness has won the love and respect of all who knew him. If he has an enemy, I know not where to find him. Dr. H. was an honest man, an independent thinker; he had a great love for books, especially for history. He kept well posted up in all the new things and theories of his profession. He was for many years a subscriber to the Boston Medical and Surgical Journal. He took a lively interest in the ether discussions of 1847, and decided that Dr. Horace Wells was entitled to the honor of the discovery. Though an unassuming man, he decided everything for himself. In early life he imbibed infidel principles, and held to them until about twenty years ago, when he renounced his error, became a believer in our holy religion, and united himself with the Congregational church in this village. From that time to his death he was a consistent member of the church and a devoted christian.

Many good and useful men, who have served faithfully the people of their generation, have gone to their graves forgotten, because no friendly hand has appeared to record their names.

A. S. HOUGHTON.

Pawlet, Vt., Aug. 30, 1852.

M. RICORD'S LETTERS UPON SYPHILIS.

Addressed to the Editor of L'Union Médicale—Translated from the French by D. D. SLADE, M.D.
Boston, and communicated for the Boston Medical and Surgical Journal.

SEVENTH LETTER.

MY DEAR FRIEND,—From this fact alone, viz., that chancres have been submitted to a treatment called methodical, it has been thought that the consecutive accidents of a constitutional infection, which ought to be the result of chancres, could be attributed to a blennorrhagia which came on afterwards. M. Baumès pretends to prove it in one of his five observations. But what is a methodical treatment? What is the treatment upon which we can absolutely depend for neutralizing effectually the syphilitic diathesis? For myself, I do not know of an infallible one. I well know that a great number of very distinguished practitioners think that with a certain dose of mercury, administered during a given time, we ought to consider the patients as radically cured. And in order not to go beyond the limits of my hospital, I shall cite my very honorable colleague, M. Vidal, who has recently given out, that with one hundred and ten of Dupuytren's pills, neither more nor less, we ought to put an end to syphilis.

As regards creeds, I am the most tolerant man in the world. Nobody more than myself respects the religion of others; but I have the right, it appears to me, to refuse a participation in all their convictions, when I see every day the proof of the great errors into which a blind faith may conduct one.

M. Vidal ought to have seen many patients return; and if this has not happened to him, let him permit me to say, that I myself have seen a great number of those, who have not only taken the one hundred and ten sacramental pills, but even 120, 150 and more, all of which has not prevented the symptoms from re-appearing.

I shall not longer insist upon this point, for I shall have occasion to return to it later. What I want to establish here, is, that those persons are often deceived who have thought that they ought to ascribe accidents of constitutional syphilis to a blennorrhagia which has come on after a chancre, from the simple fact that the chancre which had preceded, had been submitted to a mercurial treatment.

Here is a point more astonishing, something which will surprise your reason and baffle your logic.

My opposers have established several categories of veroles, according to their origin and their source.

Thus they admit, and in this they are perfectly right, that constitutional syphilis can be transmitted by way of inheritance.

They assert, and they have pretended proofs for this assertion, that constitutional syphilis can be taken *d'emblée*.

They assert, and they publish facts for the support of this assertion, that sometimes no kind of antecedent to constitutional syphilis can be found, although they do not dare to ascribe it to the syphilis *d'emblée*.

They pretend that an individual under the influence of a syphilitic diathesis, without present manifestations, without apparent symptoms, can, however, under certain circumstances, transmit syphilis.

They maintain that the duration of the incubation of syphilis should be unlimited, that the manifestations of the contagion should appear as well after a few days as after a few months, as after several years, twenty, thirty and more.

All these categories, all these distinctions, you will find established particularly in the writings of M. Cazenave; but upon what grounds? Here is what I in vain ask myself. I inquire by what process, by what means of diagnosis, we can come, in a patient affected by a constitutional verole, to attribute this disease to one of these circumstances rather than to another.

Has hereditary syphilis, after early infancy—and we shall hereafter see that its effects can be prolonged—a special symptomatology? Can constitutional syphilis, *d'emblée*, be distinguished from the other kinds by any pathognomonic sign? Do the cases of verole in which the antecedents have not been made out, give rise to disorders different from those in other cases? What is a verole without antecedents, unless it is a verole *d'emblée*? Do we find that those cases of syphilis which have succeeded to simple blennorrhagia, assume forms less grave, or have less extended seats, as M. Baumès pretended to find in writing his book, but which he has not been able to meet with in his practice?

I answer boldly, no, to all these questions. Constitutional syphilis presents a symptomatology alike in all cases; and it is not I who prove it, it is my opposers themselves. Read again their writings, and see if you can find in the descriptions given by MM. Cazenave, Baumès, &c., one single characteristic trait which justifies these arbitrary distinctions.

Again, one thing in my opponents astonishes me. How does it happen that in these cases of constitutional syphilis, whether *d'emblée* or without antecedents, when it has been impossible for them to be assured of the conditions of the contagion—to state precisely the when and the how—if it is well proved that the patient has presented no primitive accident, they having found no door of entrance to the verole; when they are well convinced that the patient is not mistaken, and that he has no motive in deceiving; when, in fine, they have the certainty of not being themselves deceived; I am astonished, I say, that they do not admit what Cullerier admitted to explain the inexplicable cases, viz., spontaneous syphilis in man.

M. Richard des Brus has made this great step. Among other facts which brought him to this conviction, he cites one which is very curious. A young man and a young woman yield themselves to the pleasures of love. In his ardor the young man scratches himself with a hair of his mistress. He does not stop for such a trifle, and he does so well, that he communicates his *écorchure* to his mistress. The amorous couple are soon simultaneously affected with constitutional verole. M. des Brus, who had examined neither of them, did not the less admit a previous good state of health; but not being able to explain the appearance of the verole, he declares it spontaneous.

I am not as far advanced as this learned colleague, and the so frequent opportunities that I have of seeing constitutional affection succeed to a well-determined primitive accident, causes me to rank the exceptional

cases, where the patient does not know or does not wish to enlighten me, and those in which I arrive too late to find the entrance of the syphilis, in the category of observations which M. Cazenave entitles *unknown antecedents*, and which I call *overlooked*. Alas! is it not more satisfactory for the mind, more conformable to our manner of reasoning in medicine, to admit in those cases where syphilis has really succeeded to a blennorrhagia not symptomatic of chancre, that the antecedent has not been *recognized*, rather than to lose one's self in that crowd of subtle distinctions, of arbitrary categories, and of sterile explanations? How, otherwise, will my contradictors undertake to prove to me what they say, and to convince me of error? It is not my habit to challenge any one; this sort of argument ought to be banished from scientific discussions; but I much wish that they would engage to prove to me once only, yea, once, that, in those cases where all my researches having been vain I have said *antecedents overlooked*—that they would prove to me, that something more affirmative could be substituted for this formula.

From this long discussion, my dear friend, it will appear to you without doubt legitimate to conclude—that if in this immense majority of cases, blennorrhagia is simple and benign, there exists also a virulent blennorrhagia; and that the blennorrhagia is virulent when there exists a concealed chancre in the urethra.

Now does the means of making the diagnosis of concealed chancre exist?

Is it possible to distinguish a simple blennorrhagia from a blennorrhagia with concealed chancre?

Here is the grand question. I commence the discussion of it.

Some persons have made light of the diagnosis of blennorrhagia. Hecker, and some others who have followed him, have not thought that the diagnosis was necessary. Very recently I read in your valuable Journal that the diagnosis had no relative importance. A certain number of physicians have retained ideas which have been in vogue, and which ought much to astonish the public.

Have you caught blennorrhagia from a wife who was not yours? Virulent blennorrhagia. The blennorrhagia is virulent for the lover, for the husband it is benign. You have contracted a blennorrhagia, and you ought to remain bachelor. Simple treatment. But you wish to marry. Antisyphilitic treatment. The position of bachelor, or of future husband, has the privilege of causing the blennorrhagia to pass from the benign state into a virulent state.

In a question as serious and as important as this, I do not wish to insist upon the ridiculousness of these contradictions. All have understood the necessity of a more strict diagnosis. The latest of my opponents, M. Vidal himself, with whom my proceedings in diagnosis have not found favor, has made some attempts in this matter. In the first edition of his Treatise upon External Pathology, he gave out the hope that it would be possible to distinguish a virulent discharge from a benign one, by the *odor*. This appears, and it is to be regretted that his hopes were not realized, for this passage disappears in the second edition.

I hold rather more to my ideas than M. Vidal appears to hold to his.

Will you, then, permit me to give out once more, both my ideas and my experience upon the diagnosis of blennorrhagia, and to examine the objections which have been made to them.

But I cannot treat of this subject in the short space which remains for me, not wishing to abuse to-day the generous hospitality which you afford my letters. This point will be the subject of my next epistle.

Yours, &c. RICORD.

EXTREME DYSPNŒA AND EXCESSIVE EXPECTORATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—By request of Dr. Capen, of this city, I give you a statement of his case so far as it came under my own observation and treatment.

Dr. Robert Capen, aged 62, of spare habit and feeble constitution, has been troubled, from early manhood, with a chronic bronchitis and slight cough. His habits are perfectly temperate.

On the first of last April, after exposure, he was (he says) "attacked with a severe cold, producing a hoarse, dry and exceedingly harassing cough, loss of appetite, a sense of depression at the epigastrium, nervous irritability and vigilance." Occasionally he suffered from slight pains in his chest. Ten or twelve days from the attack, he began to complain of dyspnœa, which increased to the third week, at which time he was greatly emaciated, and his legs and feet had become œdematous. The dyspnœa increased in intensity, until, on the 21st of April, it became insupportable, amounting to that distressful sensation which the French call *besoin de respirer*. Expectoration commenced in the third week from the attack.

Dr. C. had taken, during this period,* with the advice of several medical gentlemen, infinitesimal doses of aconite, pulsatilla, digitalis, bryonia, stramonium, vegetable carbon, &c., with, as he states, "some relief, but without controlling the disease."

At 2 o'clock, A.M., April 22d, I was hurriedly called to see him. He was sitting in an arm-chair, having been unable to lie down for nearly two weeks. He could with great difficulty articulate. Mind calm; pulse 135, feeble and intermittent; dyspnœa excessive; feet and legs œdematous; very little thirst; skin nearly natural in temperature and feel, and the tongue slightly furred. Functions of bowels and kidneys natural and regular. Had expectorated copiously and in gushes, with intervals of rest from the cough and expectoration. The sputa amounted for the previous twenty-four hours, as far as I could learn, to about four pints, consisting of colorless mucus, mingled with a large proportion of mucopus. Owing to the great difficulty of breathing, and excessive prostration of Dr. C., I omitted, for the present, the physical exploration of his chest, it being evident, that whatever was the state of his lungs, he was now dying from want of support—his vital energies being nearly exhausted, he did not possess sufficient power to relieve the overburdened lungs. The dyspnœa amounted almost to suffocation, his breathing a

mere panting, extremely short, quick and anxious; neither did he derive any satisfaction or relief from his inspirations.

The following plan of treatment was adopted: R. Tr. bals. tolu, sulph. ether, āā § ss. ; tr. lobelia inf., § j. M. Give § j. every three hours. One third of a tumblerfull of porter or ale every two hours; or, if preferred, wine or brandy in small doses. Food every three hours in small quantities.

April 27th.—During the previous five days the general symptoms and expectoration remained nearly the same, with the exception of the pulse, which had fallen to 106, and possessing more volume and strength. At this time I made a partial exploration of his chest, for I had not expected he would live through any previous day since he came under my care. On the left side, rhonchus, sibilus and small crepitation were readily and clearly distinguished, with the exception of the lower half, which on percussion yielded no resonance, but presented a heavy sluggish sound. No air appeared to enter the lower lobe of the left lung; its bronchi seemed to be exceedingly dilated, probably from the previous years of coughing, and the broad gurgling gave every evidence of a large cavity. May not the occasional copious expectoration have been the secretion from these dilated bronchi, which becoming filled, produced the sense of suffocation, until they were emptied by the coughing? In the right lung sibilant râles and small crepitus were perceptible.

Prescribed—R. Gum ammoniac, tr. lobelia inf., āā § ij. ; benzoic acid, § j. ; aquæ puræ, § vj. M. Give § j. every three hours, and omit the preparation of ether. Give half a tumblerfull of porter every two hours, or small doses of wine or brandy if preferred. Food every three hours.

May 3d.—For the last five days the amount of matter has slightly lessened; the pulse generally 106; occasionally, if from any cause he neglected his diffusible stimulants, they would become 120 or 130, just in proportion to the omission. Other symptoms the same. Could not lie down. To the above treatment I added sulph. quinine, gr. ss., every four hours.

May 8th.—I had invited several of my medical brethren to visit Dr. Capen. Various remedies had been suggested, but none seriously advised, besides what have been already mentioned, except the following. R. Tr. Sang. Canad., § j. ; scillæ mar., § j. ; tart. antimon., gr. j. Fifteen drops of this were given, in place of the customary dose of the gum ammoniac preparation.

10th.—The preparation of antimony evidently failed to fulfil the indication for which it was prescribed. It was therefore omitted, and we returned to the preparation of gum ammoniac.

21st.—From the last date until this morning, there had been no change in the treatment. Pulse pretty uniformly 106; the expectoration had lessened, but continued of the same character; appetite good. Had a great disposition to sleep, but was unable to lie down.

On visiting the doctor this morning, I found him supported erect in bed, with an extremely anxious countenance, respiration hurried, quick and short, and he was unable to utter a full sentence; heart palpitating

with a strong convulsive motion, agitating his whole chest violently; pulse intermittent, varying from 130 to 150, and extremely weak; extremities cold, with great prostration of strength. The doctor at this time had given up all hope of recovery, and all who were acquainted with his precarious condition entertained the like opinion. On inquiry I learned that, unknown to myself, it had been determined to omit the remedies he had been taking for so long a time, and try the effect of a less vigorous treatment and a milder diet; for I had not only allowed but urged him to take substantial food, as beef steak, corned beef, and even permitted pork and beans, in fact any kind of substantial food that he relished, which did not give uneasiness. This new plan had been in operation for the last twenty-four hours, though I had discovered no perceptible alteration in the symptoms during my visit the preceding evening. On learning these facts, I inquired of the doctor why he had adopted such a course without my knowledge. His reply was, "that he wished to try, and see if he could not get along with less medicine and stimulants, hoping the expectoration would lessen in quantity, for it appeared to him that the vigorous support I had prescribed increased the amount of the expectoration, or rather kept it up. But he was now convinced that the previous plan was the only one that had sustained him thus far, and he was apprehensive his experiment was about to cost him his life."

On condition that my advice should be followed in the future, I consented again to prescribe. R. Gum opii, grs. iv.; digitalis, ʒj.; squills, grs. x.; syrup. simp., q. s. M. Ft. pill no. xx. Give one pill every eight hours. Continue the expectorant mixture of g. ammoniac every two hours in doses of 3j. Take two thirds of a tumblerfull of porter or ale every hour until the pulse and heart become calm, and then every two hours. The usual dose of quinine every eight hours, and food frequently in such quantities and of such a kind as could be borne without inconvenience.

In the evening found his pulse varying from 106 to 120, slightly intermitting; had not been able to take much food; agitation of the heart had subsided; respiration improved, and had expectorated freely.

May 22d.—Found my patient much as he had been for the last two weeks—had expectorated since my visit last evening more than a quart of muco-purulent matter; pulse 106; appetite not much improved; feet cedematous; great disposition to sleep, but unable to lie down.

May 31st.—All the remedies have been faithfully persevered in up to this date, and his voice is now quite distinct, and all the symptoms very much improved. The amount of matter has gradually lessened. He is still unable to lie down, and the lower extremities are still cedematous; bowels regular, and secretion of urine natural. Continue the same remedies except the pills of opium, digitalis, &c., and give a teaspoonful of the tr. opii camph. every four hours.

June 20th.—The same plan of treatment has been persevered in till now. A slow and gradual improvement has been the result. He is now able, for the first time for more than ten weeks, to lie in a recumbent posture. Since the last of May, at three different periods, there

being intervals of two or three days, he had raised each time nearly three pints of mucus and muco-pus, principally the latter, the matter coming up in gushes as fast as he could spit it from his mouth. At times, while expectorating thus rapidly, to use the doctor's expression, "It seemed as though he would lose his breath."

From this time the amount of matter expectorated gradually decreased, was raised each day in a short time, and at night he was usually free from both the cough and expectoration.

During his sickness four of his finger nails and one of his toe nails became loosened from their capsules by ulceration.

The doctor is now quite well, and attending to his profession with his accustomed urbanity and zeal.

ALANSON ABBE, M.D.

Boston, September 1, 1852.

THE USE OF CHLOROFORM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—An article entitled "chloroform in the extraction of teeth," in the *Journal* for Sept. 1st, 1852, has suggested the following remarks. That death may result from the use of chloroform as an anæsthetic agent, no one can doubt; but does this prove that it should be thrown aside even in minor cases of surgery? Far from it; it only proves that it should be used with the utmost care. The same remark would hold true with reference to many remedial agents in daily use by every practitioner.

Far be it from me to say that carelessness in producing anæsthesia has ever been the cause of death; it is pretty certain, however, that the records of but very few physicians will give the history of the second unfortunate accident of this kind in their practice.

During my medical pupilage, at an amputation of the leg I was called upon to administer chloroform, of the nature and operation of which I was grossly ignorant (as I have since learned). However, with seeming wisdom I watched the pulse and applied the sponge; and in answer to "how is his pulse?" I would say, it was good, for instead of moving slowly, as I expected if danger was nigh, its frequency greatly increased, it being almost impossible to count its beatings—a sure indication, as I supposed, that he would bear more, and more was accordingly given. But as good luck for the patient, more than me, would have it, the poor man had just eaten a hearty meal, and a sudden transposition of the same from his stomach to my face drove me away for a few moments—long enough for him to get an amount of fresh air sufficient to enable him to live in spite of me, as the operation was soon ended. Now I am fully persuaded that had not this accident occurred, another would, and that the patient would not now be singing the praises of Dr. ———, who, by the way, is one of the most skilful surgeons of Massachusetts. And had death taken place, it would doubtless have been reported as an unavoidable accident, vouched for by three good practitioners, who watched the surgeon more than they did the student six weeks advanced in medical lore! If death had taken place, which in

ninety-nine cases out of a hundred might have been expected, who would have been to blame?

Is anæsthesia dangerous? So is narcotism. Shall we throw them both away? By no means; use them, but with wisdom.

Chloroform should be used in the extraction of teeth, even, when the shock is likely to be great; but not so as to produce perfect insensibility, except in cases of heroic surgery, and never by untrained hands.

New Hartford Centre, Ct., Sept., 1852.

J. P. Root, M.D.

THE LATE DR. G. L. SPENCER.

[Communicated for the Boston Medical and Surgical Journal.]

DIED in Triangle, Broome Co., N. Y., on the evening of the 17th of June, 1852, Gaius L. Spencer, aged 57.

Dr. Spencer's death was caused by a small scratch upon the thumb while engaged in an autopsy on the body of one of his patients. The wound was so slight that his attention was scarcely drawn to it at the time, but at the end of twenty-four hours he became fully sensible of the fate that awaited him. Every attention was rendered that could be devised by two of his sons, who are physicians, and by many of his professional brethren who promptly tendered their services. At the end of one week the poison had done its work! and another victim of the profession had fallen.

Dr. Spencer was born in the town of Anadilla, Otsego Co., N. Y., on the 9th day of March, 1794, and until about the 18th year of his age was bred a farmer. Not being altogether pleased with his business, and having an ardent desire to acquire an education, he employed all his leisure moments in reading such books as he could procure. In the winter of 1813, he became acquainted with a young man, Dr. Nathan Boyington, of Elmira, N. Y., in like circumstances with himself. They together resolved to study the profession of medicine, and in the spring succeeding they commenced in the office of Dr. Colby Knapp, of Guilford, Chenango Co. Dr. S. continued in the office of Dr. Knapp one year, applying himself closely to professional studies. He next entered the office of Dr. Pliny Smith, of Masonville, Delaware Co., where he continued about one year, at the end of which time he placed himself under the care of Dr. Stockwell, of Walton. Here he continued until he had closely read the best authors of the day on the various subjects connected with medicine and surgery.

In April, 1817, he received a license from the Delaware Co. Medical Society, and in the following month he established himself in the town of Lisle, now Triangle, in Broome Co. The country at this time was very new, which necessarily implies numberless hardships to the physician. There being no competition, and possessing a frankness and openness of deportment, together with genuine goodness of heart, he immediately acquired the confidence and patronage of the best citizens of the vicinity. His success in the treatment of the diseases incident to that time, and vicinity, was very great. Dysentery, intermittent and

remittent fevers, were the most prevailing diseases, and constituted, together with diseases of females and children, nearly the entire business.

About one year since, he assured the writer that he had never lost a female during parturition, nor of any disease consequent thereupon. It is a very remarkable circumstance, that during an extensive practice of thirty-five years, not a case of death occurred.

For surgery Dr. Spencer had no particular ambition; but his abilities were best known and appreciated by the bed-side of the infant, the child, and also of the aged, the infirm and the worn-out.

He early became a member of the Broome County Medical Society, and has by his presence at its meetings, and by his influence, been one of its most efficient members.

Dr. Spencer has reared a numerous family. Two of his sons are physicians, one of whom is settled in Cornwall, Ct., the other at South Bainbridge, Chenango Co., N. Y. They are both graduates of the Berkshire Medical College. A third son is now pursuing the study of medicine.

Although beset with medical heresies on every side, the doctor never, for one moment, lost sight of the old land-marks of the profession. He was ever ready to investigate new theories, but was very cautious how he adopted them. He had always great respect for the old authors, such as Cullen, Hunter, and Burns; and when, upon mature deliberation, he found them to be in error, he would frankly change his opinions. He was respected by all his cotemporaries who had the pleasure of an acquaintance with him, and died universally lamented.

Lisle, N. Y., Sept., 1852.

S. H. FRENCH.

TÆNIA SOLIUM AND DISTOMA HEPATICUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Since my last communication, I have had an opportunity of investigating a case of *tænia*, which terminated in death from inflammation of the intestines. The subject was a man aged about 56, who had long suffered from the apparent symptoms of *tænia*, but obstinately refused to adopt any effectual treatment, and his life was sacrificed in consequence. I obtained the body, and on dissection extracted from the intestines four perfect specimens of *tænia*, each from twenty-five to thirty yards long; but the most singular feature was that at about three and four inches apart, throughout the whole course of the intestines, and attached to their muscular coat, there were a great number of the *Distoma Hepaticum*. On examining the liver and gall-bladder, I also found a great number of them, of much smaller dimensions.

The great increase in number of the cases of tape-worm, has caused me to inquire into the reason; and as this increase has occurred since the introduction of the Croton water into New York, I have been led to think that *possibly* this may be the cause. I trust my remark will induce the profession to make a clear and close investigation of the matter. My reason for this opinion is, that I have observed that wherever river

water or rain water is used as a general drink by the inhabitants, tænia prevails to a far greater extent than where spring or well water is used. With these suggestions, I hope you will call the attention of the profession more fully to the subject.

Yours respectfully,

J. X. CHABERT, M.D.

No. 431½ Grand st., New York, Sept., 1852.

TYPHOID FEVER AND RHEUMATISM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I saw in your Journal, vol. xlv., page 321, the report of the treatment of typhoid fever and some other diseases, by Dr. Mitchell, of New York State. I wish to add my mite respecting the treatment of this fever and rheumatism.

In the main I treat typhoid fever as Dr. Mitchell does. I almost invariably, however, give an emetic of ipecac, with a little antim. tart. and mustard, in a large quantity of warm water, to commence with, which I think renders the case more manageable, by giving the system a salutary shock, and preparing the stomach the better to receive other medicines. But the special addition I wish to suggest is, the use of dry cupping for headache in this fever; by which, in a few minutes, in most instances, the pain in the head will be relieved for from six to twenty hours. It acts like a charm to the patient, and is very gratifying to the physician. By the respite thus obtained from the distressing and exhausting pain in the head, the patient is enabled to enjoy several hours of comparatively comfortable rest. I use the exhausting pump with a small oval glass, such as is used for cupping between the ribs. Such a glass can be applied on any patient's temple, however emaciated he may be. After applying the glass, and exhausting the air, I let it remain but a moment, and then put it on in another place, and thus apply it some half dozen times or more. I then do the same to the other temple, and to the whole width and length of the back of the neck, and perhaps return to the temples again. I thus use the cupping apparatus at every visit, if the pain has returned to the head.

Dry cupping on the spine between the shoulders, where there is some difficulty of breathing from slight irritation of the lungs or air-tubes, frequently has a very happy effect, whether the affection has an asthmatic shade or otherwise.

Acute Rheumatism.—David Bennett (shoe-maker) sent for me to see him July 22, 1851. He had been suffering from rheumatic pains for some days. At this time he was confined to his bed; tongue had a very thick, yellow coat; pulse more than 100. My course through the case was to give gr. x. of calomel every two or three days, and follow it with Ep. salts and senna, to get a free operation from the bowels. Gave every six hours, when not taking physic, a powder composed of acetate of morphine half a grain; Dover's powders gr. v.; nitrate of potassa, gr. xv. A few of the powders contained ten grains of camphor. Between these powders I gave thirty drops of the tinct. colchicum seeds, in

sweetened water. The tinct. colchicum was not suspended when giving physic. The external application was the cold wet towel, covered with flannel, and changed as often as the towel became dry or hot. It was applied only to the joints that were swollen or painful; which were one shoulder, one wrist, one knee, and both ankles. I continued it until the pain and swelling disappeared. We had him sponged over with saleratus water occasionally. We were obliged to give him sweet spirits of nitre several times to enable him to make water easily and freely. On the tenth day from the time I first saw him, he was so far recovered as to make a pair of shoes.

Very respectfully,

Dover, N. H., Sept., 1852.

N. L. FOLSON.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 29, 1852.

American Medical Association.—At the meeting of the Association held at Richmond, Va., May, 1852, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of \$100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet; containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application after June 1st, 1853.

Communications must be addressed, post paid, to the chairman of the committee, Dr. Joseph M. Smith, 56 Bleeker st., New York, on or before the 20th of March, 1853.

JOSEPH M. SMITH, M.D.

JOHN A. SWETT, M.D.

W. PARKER, M.D.

GURDON BUCK, M.D.

ALFRED C. POST, M.D.

New York, September 17th, 1852.

Editors of Medical Journals in the United States are respectfully requested to copy the above.

Medical Society of Georgia.—On the 14th of April last, the annual meeting of this society was held at Augusta, but the transactions were not published till August. The tardiness is explained satisfactorily, however, by the Secretary. A. Means, M.D., was elected President. The business of the society was transacted with despatch, and the meeting throughout appears from the records to have been characterized by an excellent spirit. That which interests the profession most, however, in the doings of the society, is the collection of reports by the leading professional gentlemen of the State. Through them we arrive at the real condition of medicine there, and, at the same time, profit by the facts and suggestions emanating from accredited sources. A report on empirical remedies, by Robert Campbell, M.D., is written in a good style, but the remedy he suggests for the national evil would not stop a flea from hopping. He proposes having a standing committee, to collect and publish, through popular channels, the

pernicious effects of empirical remedies. Why, this would increase the demand for them, and save the manufacturers a portion at least of the hundred thousand dollars a year which they pay for advertising. Dr. Campbell would also have an annual report made to the American Medical Association, for the purpose of accumulating evidence sufficient for the "*arraignment of this injurious system, as a national grievance.*" This, too, would be useless, and we should be laughed at for our verdancy. Quackery is so protean, that while we were grasping it in one form, it would show its head in another.—The report on Surgery is excellent, because there are cases illustrative both of principles and practice. We have rarely had possession of a more instructive paper. There is just variety enough to keep up an interest. That subdivision under the head of *Surgical Medicine* is worth quite as much as some elaborate essays. Diseases of the town of Perry, in Houston county, in latitude $32^{\circ} 27' 30''$, and longitude $6^{\circ} 45'$ west of Washington, is a pattern paper. It is full and distinct, and shows how topographical reports should be constructed in order to be serviceable to those who consult them. The writer, Dr. Cooper, should have a larger sphere for his practical talents. Dr. King's report of the *Maladies of Roswell, Cobb county*, is scientifically drawn up, but it is not sufficiently specific. He generalizes well, and the closing observations regarding the vital statistics of the region, would do honor to any medical man of the age. Next, in the order of publication, is a narrative of twenty-five cases of urinary calculi, in twenty-three of which the bi-lateral operation was performed, by Paul F. Eve, M.D., professor of surgery in the University at Nashville, Tennessee. With the reputation of the writer of this report, the whole medical profession of the United States is familiar. He is good authority—a proud position for any man to hold, and especially in a country in which bold, skilful surgeons are numerous. Dr. Eve ought to embody his practice in a distinct treatise, and put it into the hands of one of the great publishing houses of Philadelphia, and thus secure a monument while he has the opportunity of selecting the materials of which it might be composed. In the paper on the use of *New Remedies*, by Dr. Dugas, of the Medical College of Georgia, nothing remarkably new is presented. The case of Maria, the negress, with a cancerous ulceration of the breasts and mammary glands, was admirably managed; and of the competency of Dr. Dugas to conduct to a successful issue very discouraging conditions of these organs, there cannot be a question. He might also furnish abundant materials for an instructive guide in surgical practice.—We profess to have been gratified and rewarded for the labor of examining the pages of the *Georgia Medical Transactions*, and trust they may be annually continued for the advantage of the whole profession.

University of Buffalo.—With the increasing facilities of the school of medicine, an increased population, the growing wealth of the west, and enlarged experience in teaching by the present able faculty, very promising results are anticipated the ensuing term. Dr. Hamilton, the distinguished and accomplished surgeon, carries a strong influence with him. The other members of the faculty are also able and efficient.

Increase of Medical Schools.—It seems that a charter has been granted for the admission of another medical college into the already great brotherhood of physician-making institutions of the country. It is to be located

at Milwaukee, but its complete organization may be deferred for the present. Dr. C. B. Chapman, who is known extensively at the West, and was our London correspondent last season, has a prominent place assigned him in it. It seems morally impossible for all our new medical schools to succeed. Individually, we lament this incessant increase, as it tends to weaken the course of instruction.

Bibliography.—Impossible as it is to read all the medical books that are issued, it is gratifying to keep pace with their titles. The catalogue of Mr. Bailliere, No. 290 Broadway, New York, of books in medicine, surgery, anatomy, physiology, chemistry, physics, &c., is really immense, and his store must be a good place to cull out rare works. The prices are indicated on the margin, and no fault we think can be found with them.

Dr. Coale's Treatise.—The series of communications now publishing in this Journal, by our friend Dr. Coale, of this city, are worthy the consideration of medical practitioners. He makes but little use of other men's thoughts, but gives us freely his own. This is what is required to carry practical medicine onward and upward. A thorough examination of facts, accompanied by clear, philosophical suggestions based on them, gives a distinct and useful character to Dr. Coale's prelections.

Anatomical Drawings.—Mr. H. A. Daniels, 270 9th st., New York, is an anatomical artist of growing celebrity. Gentlemen, in any section of the United States, who are preparing works on surgery, anatomy, or physiology, would find him of important service in illustrating from nature. He has executed some of the best plates in several of the latest publications on these subjects. From the difficulty hitherto experienced in finding an artist properly qualified to perform such work, we have thought that it might be acceptable intelligence to authors to know where to find one. Mr. Daniels also executes microscopical drawings, having had experience in that department. Any discovery made by those now exploring with the microscope, can be enlarged and secured accurately, in its true proportions, by his critical eye.

Surgical and Dental Apparatus.—Besides Dr. Codman's dental depot, and Mr. Miller's establishment for artificial limbs, trusses, &c., to which we have lately alluded, the large collection of surgical apparatus in Tremont st., opposite the Tremont House, is eminently worthy of patronage. Mr. Phelps, the proprietor, has fitted up his rooms in the best manner, and brought together many things that surgeons are always wanting. Ready-made splints, cutlery, &c., embracing the very best instruments, and also the speedy manufacture of any peculiar form to meet an emergency, characterize this elegant store.

A second dental finding magazine, has recently been opened by Messrs. Jones, White & McCurdy. It is located at 3½ Tremont Row, opposite Brattle st., and abounds with every kind of artificial teeth, together with all imaginable mechanical appliances for operating dentists.

Reference is made to these collections for the benefit of gentlemen in the country, who in many instances are put to great inconvenience in obtaining something that might readily be procured through an express agent at one of these places.

Birth of Monsters.—A gentleman has inquired by note, what is settled, in medical jurisprudence, in respect to the duty of an accoucheur when at birth a monster is produced? Having mislaid the letter, the question cannot be presented exactly in the words of the writer; but the idea is this: if an extraordinary malformation is discoverable at birth, and it is certain that the infant cannot live long, is it allowable, or not, to extinguish its life? We confess ourselves shocked with the thought that any one may have suggested that it was either proper or expedient, under any circumstances, to adopt such a course. There can, in our opinion, be no extenuating circumstances whatever. Even parents are not to be indulged by having a monster birth concealed, or the functions of life extinguished. Whatever the form, or whatever the probabilities with respect to the future, God, who gave life, alone has the right to take it, under such circumstances.

In connection with this subject, there is a singular looseness of sentiment entertained abroad, especially among females, viz.,—that from conception up to within several months of gestation, there is no real life in the fetus, and therefore no harm in sacrificing it in any manner most convenient or agreeable. This is wrong: it is a violation of a fundamental law of existence, and a sin thus to blast in the bud: it is an awful crime. The moral sense of the community should be cultivated on this point, till it is thoroughly understood, in every community, that killing a human being in utero is murder.

Simple Tests of the Purity of Chloroform.—Dr. Fleming, of Dublin, says, "I never use chloroform, without first examining it by litmus paper and water, and, if at hand, a solution of nitrate of silver. If the former remains unaffected by the vapor, and some of the specimen, dropped into a test-glass containing either of the latter fluids, occupies the bottom of the glass in a transparent globule, I am satisfied that it is genuine, or at all events suited for practical purposes. But if, on the contrary, the litmus paper is reddened or bleached, and the globule appears opalescent or like a muddy lens, I reject it as adulterated, and unsafe for use." — *Etherization in Surgery*, by Dr. Fleming, Dublin, 1851, p. 52.

New Work on Materia Medica and Therapeutics.—Drs. J. Church and E. Seeger, of Springfield, Mass., propose to publish by subscription a work on *Materia Medica and Therapeutics*, by Prof. W. Tully, of N. Haven, Ct. Dr. T. has long been known as a learned and accomplished author and lecturer. Valuable essays from his pen, on some of our indigenous medicinal articles, may be found in our volumes of about twenty years ago. He has until recently, as is well known, been professor of *Materia Medica* in the Medical Institution of Yale College. We have room this week to refer but briefly to the peculiarities of the proposed volume.

First, It will be original, having none of the characteristics of a compilation. *Second*, it will contain a large amount of practical information not found in ordinary books on the subject. *Third*, the powers and operations of medicines will be described with minuteness and precision. *Fourth*, the doctrines it inculcates are not speculative or theoretical, but eminently practical. *Fifth*, it will be written with ability and learning, such as would do credit to the profession in any country.

It will be published in numbers, 25 cts. each—four at least to be subscribed for at one time. It will be printed in double columns, with good

type and paper, and in the best style. The Nos. will be issued on the first of every month, commencing in November. Subscriptions will be received by Dr. J. Church, Springfield, Mass.

Medical Instruction in Dublin.—To THE EDITOR.—I would call the attention of students, and of young medical men going abroad, to the advantages to be obtained by a few months stay in Dublin. By entering his name as an interne, or as an externe, at the Lying-in Hospital, one may conduct, in person, a large number of cases of natural labor, see a considerable number of obstetric operations, and gain such an initiation into the practice of midwifery that he need never be at a loss, when called upon to officiate in private practice. In the meanwhile opportunities are afforded for following the admirable clinics of Dr. Wild on ophthalmic surgery, and of making interesting visits at the Meath, Whitworth, and Jervis st. Hospitals. At the last mentioned Hospital, Dr. Neligan gives a fine practical course of lectures on Cutaneous Diseases, and makes highly interesting clinical visits. Many of those whose time or means may not admit of their spending the usual two years abroad, would do well, after having attended two series of lectures here, to pass their third winter in Dublin.

P.

Boston, Sept. 12th, 1852.

Longevity of the English.—As an illustration of the advanced period of life which residents often attain in the British metropolis. Dr. Webster mentions in his report on the health of London, published in the *London Journal of Medicine* for August, that, some time ago, 4 private patients were under his professional care at the same period, whose united ages amounted to 365 years, the youngest being 87, while the oldest was in her 96th year; and what is also curious, 3 were females, and only 1 a male patient.—*Lancet*.

TO CORRESPONDENTS.—Since our last issue, there have been received for publication—A Letter from Mrs. Willard to Dr. Cartwright; one from "A Subscriber" in New York to the editor; an Address before the Bristol Co. Medical Society; and certain Resolutions by the Norwich (Ct.) Medical Association.

POSTAGE ON THIS JOURNAL.—After October 1st, the weekly series will be, if paid quarterly in advance, only 13 cts. a year in Massachusetts, and 25 cts. a year any where in the United States out of Massachusetts. The monthly series, 18 cts. a year to any part of the United States.

ERRATA.—In the notice of the New York Ophthalmic Hospital, in the Journal of 1st inst., the number of patients for three months should have been 230, and the location of the Hospital at No. 6 Stuyvesant st., near 3d Avenue.

MARRIED.—Dr. A. Newton, of Hartford, Conn., to Miss A. P. Dix.

DIED.—In Leverett, Mass., Dr. Asa B. Strong, 40.—On board the U. S. ship Lexington, Dr. W. V. Magoon, who came on board at Valparaiso.—At Patterson, N. J., Dr. Charles G. Adams, jr., son of Dr. C. G. Adams, of Keene, N. H.—At Saugus, Mass., Charles A. Cheever, M.D., of Portsmouth, N. H., an eminent and excellent man. It is due to his memory that some one who knew him should prepare a memoir of him for the profession.—At Cuba, N. Y., Dr. George B. Champlin, a native of New London, Conn.—At Erving, Mass. John G. Barton, M.D., 40.

Deaths in Boston—for the week ending Saturday noon, Sept. 25th, 76.—Males, 42—females, 34. Accidental, 2—inflammation of bowels, 6—disease of brain, 1—consumption, 11—convulsions, 3—cholera infantum, 3—cancer, 1—coryza maligna, 1—croup, 2—dysentery, 6—diarrhoea, 5—dropsy, 2—erysipelas, 1—typhoid fever, 2—scarlet fever, 4—homicide, 1—hooping cough, 1—intemperance, 1—infantile, 12—inflammation of the lungs, 1—marasmus, 2—old age, 2—palsy, 1—purpura, 1—scrofula, 1—teething, 2—tumor, 1.

Under 5 years, 41—between 5 and 20 years, 3—between 20 and 40 years, 12—between 40 and 60 years, 11—over 60 years, 9. Americans, 23; foreigners and children of foreigners, 53. The above includes 9 deaths at the City institutions.

Fusel Oil.—The following notice of this article, which has recently received increased attention, is from the American Journal of Medical Sciences for October, 1845.

"In the number of the American Journal of Medical Sciences for October, 1844, I referred to Liebig's description of this substance and his statement that it was poisonous. It appears that some experiments have been made with it by Mitscherlich.

"It is a colorless oily fluid, of a most offensive odor, and very distressing to the lungs. Its taste is sharp and burning, and it is lighter than water, and burns with a very brilliant flame. (It will be recollected that it is a product occurring in the manufacture of potato brandy, and not separated from it without great difficulty.)

"In the experiments (on rabbits), the dose was thrown into the stomach of the animal by means of a syringe, and elastic catheter. When one drachm was thrown into the stomach of a rabbit, it ran about and was very lively, but striking itself against objects as if not seeing them. In ten minutes it became depressed, could not stand erect, and fell on its side. It was, however, sensible to a pinch of the ear. The breath was not at first tainted, but in half an hour after the injection, a strong odor of the fusel oil proceeded from the lungs. The animal lay in this state two hours and three quarters, and then gradually revived; its powers of motion were feeble, and the limbs were dragged along, but this paralysis soon went off, and he recovered completely.

"Two drachms, when injected, induced great restlessness in about a quarter of an hour—and soon after it stretched itself out, and lay thus for four hours, apparently without sensation or motion; the pupils dilated, the breathing heavy, and the pulse rapid. Something like convulsive motion now appeared, but by and by the animal began to sit up, and next to move at will. At night it was seized with diarrhœa. After this it was quite well.

"When two drachms were thrown into the stomach of a rabbit (about middling sized), the symptoms of intoxication and depression soon followed each other, and the animal lay without motion or sensation, and at the end of an hour and a half was dead. On opening the abdomen, five hours and a half after death, there was an intense smell of the oil. The stomach externally was rather white and bloodless, but in its fundus there was extravasation of blood, of a dark brown color, and when this was scraped off, the epithelium was seen beset with small brownish-red spots, which proceeded from the tunica propria, from which the extravasated blood appeared to have flowed. The tunica propria itself was bloodless, and in parts soft and pulpy. The duodenum was reddened, and the bladder empty. When three drachms were injected, it became insensible in ten minutes, and died within an hour. Half an ounce caused death in a quarter of an hour; and an ounce, in four minutes.

"When half an ounce was used on a young dog, death ensued in six hours.

"It would thus seem, that in small doses, fusel oil is highly stimulating, and appears to act like alcohol, and then depresses rapidly. In large doses it is an active irritant poison, destroying the entire mucous membrane of the stomach.—(*Medicinische Zeitung.*)—*Lon. Med. Gazette.* T. R. B."

Crystal Palace Sea-Water Company.—Under this title a company is in the course of formation to bring sea-water to London, in order to establish baths for invalids, &c.